

VS  
8/17/99

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3070 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

OCT 29 1998

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

CAD043100106

## II. Name of Installation (Include company and specific site name)

FL Segundo Cleaners &amp; Laundry

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

651 West Knox Street

Street (continued)

City or Town

Gardena

State

ZIP Code

CA 90248-

County Code

County Name

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

JAMSHID-BEROUKHIM

Job Title

Phone Number (area code and number)

Owner

310-327-6300

## VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

JAMSHID-BEROUKHIM

Street, P.O. Box, or Route Number

651 WEST KNOX STREET

City or Town

State

ZIP Code

GARDENA

CA 90248-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month

Day

Year

310-327-6300

Yes

No

SE in unit + SC 11/13/98  
V. 1/2



ID: For Official Use Only											

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See Instructions)	3. Treater, Storer, Disposer (at Installation)	1. Off-Specification Used Oil Fuel	
<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	Note: A permit is required for this activity. See Instructions.	<input type="checkbox"/> a. Generator Marketing to Burner	
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> Hazardous Waste Fuel	<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 4. Generator Marketing to Burner	<input type="checkbox"/> c. Burner - Indicate device(s)	
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> 6. Other Marketers	Type of Combustion Device	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> c. Burner - Indicate device(s)	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> b. For commercial purposes	Type of Combustion Device	<input type="checkbox"/> 2. Industrial Boiler	
Mode of Transportation	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 3. Industrial Furnace	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 2. Industrial Boiler		
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 3. Industrial Furnace		
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 5. Underground Injection Control		
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify			

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
2039			

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Jamshid Beroukhi</i>	Name and Official Title (type or print) OWNER Jamshid Beroukhi	Date Signed 10/23/98
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## XI. Comments


Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for filling this form before completing. The information requested here is required by law (Section 301 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

AUG 11 1998

## I. Installation's EPA ID Number (Mark X in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification

C. Installation's EPA ID Number

CA 0043100106

## II. Name of Installation (Include company and facility name)

EL SEGUNDO CLONERS

## III. Location of Installation (Physical Address, P.O. Box or Route Number)

Street

651 W KNOX ST

Street (continued)

City or Town

GARDENA

State

ZIP Code

CA 90248

County Code County Name

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

SAME AS ABOVE

State

ZIP Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

KEYWANFAR

(first)

CHARLES

Job Title

Owner

Phone Number (area code and number)

310-327-6300

## VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

City or Town

State

ZIP Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

KEYWANFAR CHARLES

Street, P.O. Box, or Route Number

651 W KNOX ST

City or Town

GARDENA

State

ZIP Code

CA 90248

Phone Number (area code and number)

310-327-6300

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

P

P

Yes No



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input type="checkbox"/> 1. Generator (See Instructions)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation)	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel	
<input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	Note: A permit is required for this activity. See Instructions.	<input type="checkbox"/> a. Generator Marketing to Burner	
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> c. Burner - Indicate device(s)	
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> b. Other Marketers	Type of Combustion Device	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> c. Burner - Indicate device(s)	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> b. For commercial purposes	Type of Combustion Device	<input type="checkbox"/> 2. Industrial Boiler	
Mode of Transportation	<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> 3. Industrial Furnace	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 2. Industrial Boiler		
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 3. Industrial Furnace		
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 5. Underground Injection Control		
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify			

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D039

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002					
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed

## XI. Comments

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

CAD043100106

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

~~TELEDYNE INC~~ TELEDYNE LINAIR ENGINEERING  
651 W KNOX  
GARDENA, CA 90248

III. LOCATION OF INSTALLATION

651 W KNOX  
GARDENA, CA 90248

## FOR OFFICIAL USE ONLY

## COMMENTS

C																			
15 16																			
55																			
INSTALLATION'S EPA I.D. NUMBER										APPROVED					DATE RECEIVED (yr., mo., & day)				
F CAD04310010631															800721 21 JUL 1980 00041				
1 2										13 14 15					16 17 18 19 20 21 22				

## I. NAME OF INSTALLATION

TELEDYNE LINAIR ENGINEERING

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

C																			
3																			
15 16																			
45																			
CITY OR TOWN										ST.					ZIP CODE				
4																			
15 16										40 41 42 43 44					51				

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C																			
5																			
15 16																			
45																			
CITY OR TOWN										ST.					ZIP CODE				
6																			
15 16										40 41 42 43 44					51				

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

C														
2 MAYO PAUL MGR. MANUFACTURING 213.532.5980														
15 16														
45 46 47 48 49 50 51 52 53 54 55														

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

C														
8 TELEDYNE INC.														
15 16														
55														

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY															
9	W	C	A	D	0	4	3	1	0	0	1	0	6	2	1
1	2											13	14	15	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26 7 23 - 26	2 F 0 0 2 23 - 26 8 23 - 26	3 F 0 0 6 23 - 26 9 23 - 26	4 F 0 0 7 23 - 26 10 23 - 26	5 F 0 0 8 23 - 26 11 23 - 26	6 F 0 0 9 23 - 26 12 23 - 26
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**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26 19 23 - 26 25 23 - 26	14 23 - 26 20 23 - 26 26 23 - 26	15 23 - 26 21 23 - 26 27 23 - 26	16 23 - 26 22 23 - 26 28 23 - 26	17 23 - 26 23 23 - 26 29 23 - 26	18 23 - 26 24 23 - 26 30 23 - 26
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**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26 37 23 - 26 43 23 - 26	32 23 - 26 38 23 - 26 44 23 - 26	33 23 - 26 39 23 - 26 45 23 - 26	34 23 - 26 40 23 - 26 46 23 - 26	35 23 - 26 41 23 - 26 47 23 - 26	36 23 - 26 42 23 - 26 48 23 - 26
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**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

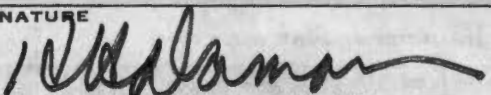
☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) H. H. Damon, President	DATE SIGNED 7/16/80
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